Connecting The Dots

The Outpatient Intensive Support – Pilot Program

North West Regional Hospital, Tasmania

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Acknowledgements to:

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Lisa Watkinson - 3rd year Social Work Students, UTAS

Setting the Scene

North West Regional Hospital, Tasmania

- 2 campuses - 45 minutes apart
- 120 beds Burnie Campus, 90 beds Mersey Campus
- 2 emergency departments with about 44,000 presentations per year
- 4 full-time Social Workers – 2 with specific practice focus – 2 generic

The Beginning

- Social Work consultation was initially sought for two out-patients identified as “frequent non-acute presenters”
- Consideration was given to patients labelled “frequent fliers”
- When complex high risk identifier was applied project numbers quickly increased to 12 patients

Patient Characteristics

- Age range from 27-77yrs
- All in high risk psycho-social category
  - Acute illness and or Chronic illness
  - Lack of or limited support networks
  - Depression - actual or developing
  - Issues related to accessing services
  - Acute grief
  - Psychiatric history
  - Potentially harmful behaviours – for example substance abuse
  - Potential or actual frequent non-acute hospital presentations

System & Practice Characteristics

- System centred/needs focus
- Attitude ranges from Compassionate to Compassion fatigue
- Inconsistent responses
- Assessment and referral have been acute practice norms
- Therapeutic intervention have been responsibility of Community Health services

Intervention Objectives

- Aims:
  - Hear the issues, being supportive and providing therapeutic interventions.
  - Facilitate progress toward the development of protective behaviours
  - Identify associated system and practice issues.
  - Establish collaborative management plans
  - Reduce if possible non-acute presentations

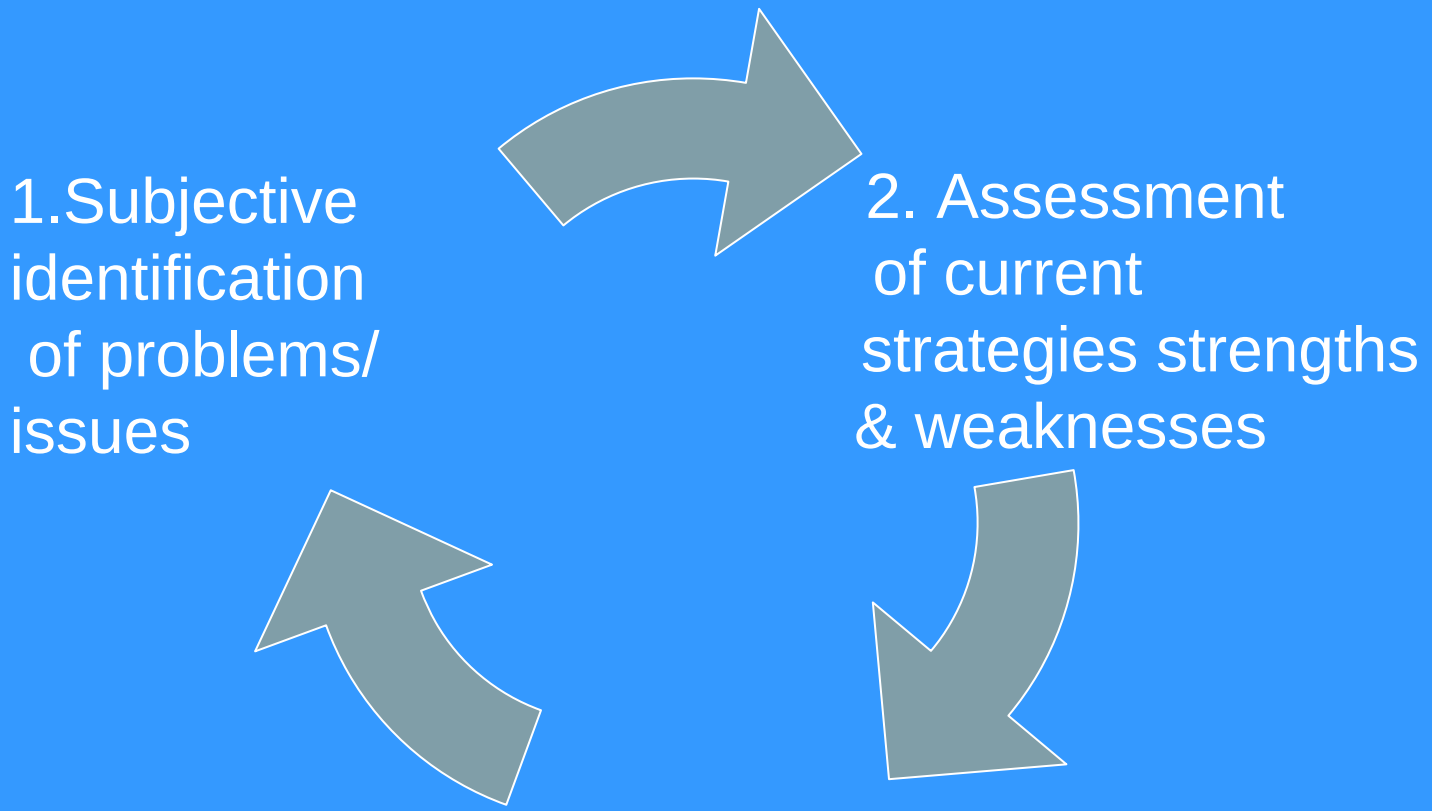
OPIS Program

- Outpatient Intensive Support Program

  Based on the principles of:

  - Flinders Model of Health Care Management
  - UTAS, Department of Rural Health, Suicide Prevention Tele-Check Program.
  - DHHS Collaboration Strategy
  - Primary Health Principles

OPIS Process



First Evaluation

- 6 months
- Application not prescriptive
- Longer term provides greater exploration
- Steady progress toward positive change
  - for Patients
  - for Social Work
  - for Staff
  - for System

Data Collection Methods

- Qualitative
  - Questionnaire
  - Informal meetings with Department of Emergency Medicine (DEM) Staff and Social Worker
- Quantitative
  - Medical Records
  - Costs of DEM presentations and admissions

Data problems and the lessons learned

- Patients admitted even without acute problems – admission is the strategy
- They do actually present with acute problems
- Length of time required to show improvement
- These behaviours may be the hardest to change

Keep in mind…

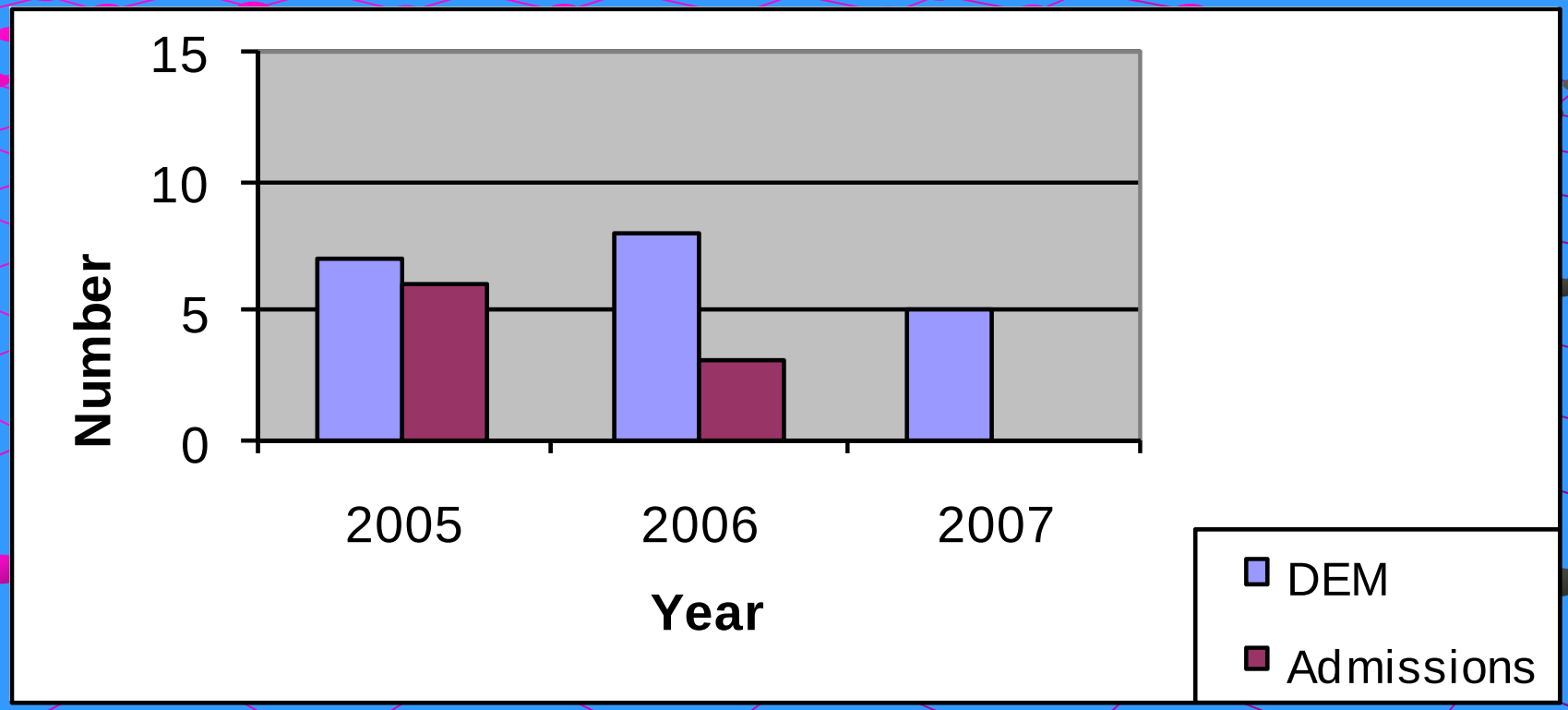
- Costs per Emergency presentation are averaged on approximately $1000 per hour
- Costs per admission are dependent on the diagnosis but for this group of patients ranged from $800 - $45,000

[These costs don’t include ambulance transfers]

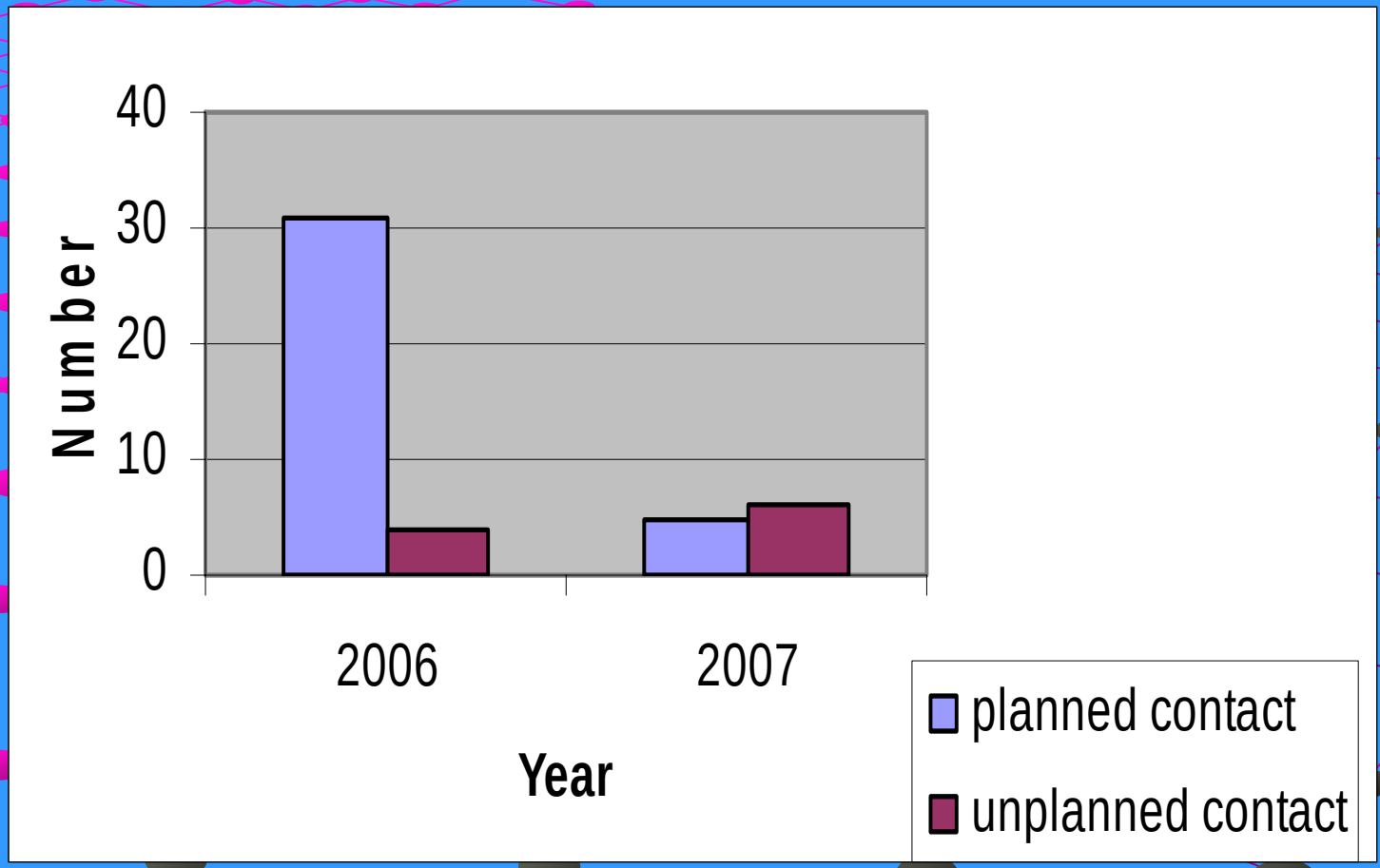
Benchmarking

- Benchmarking attempted but no similar programs found – in Tasmania or in a partner hospital from the Regional Health Improvement Network (RHIN):
  - Launceston General Hospital
  - Royal Hobart Hospital
  - Tweed Heads Hospital

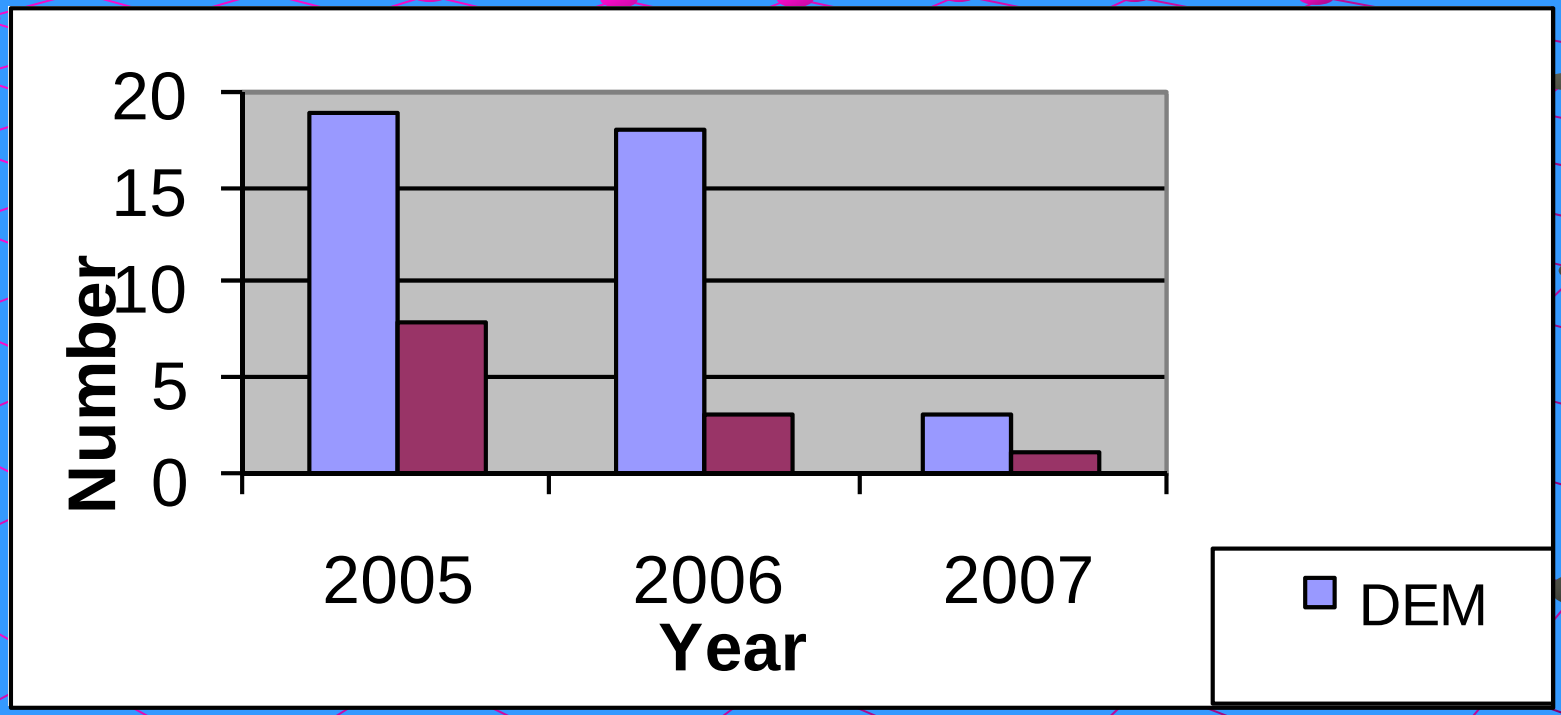
Patient A – Presentations & Admissions



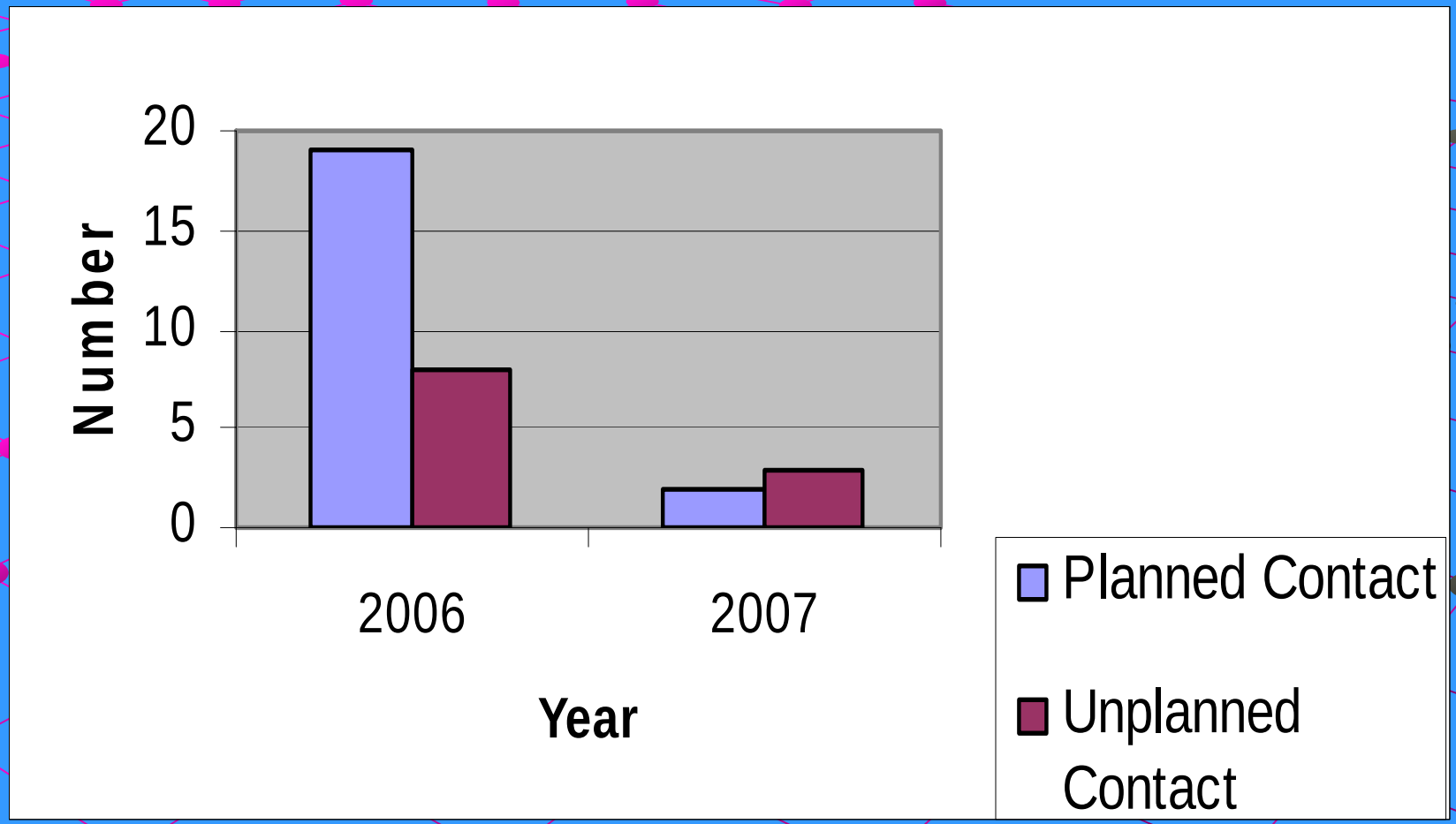
Patient A – Planned & Unplanned Contact



Patient B – Presentations & Admissions



Patient B – Planned & Unplanned Contact



Modes of Service Delivery

Where are they now?

- 3 patients discharged from the program
- 1 deceased
- 1 discharged into residential care
- 1 patient- unable to contact via phone or letter
- 6 currently still participating in the program

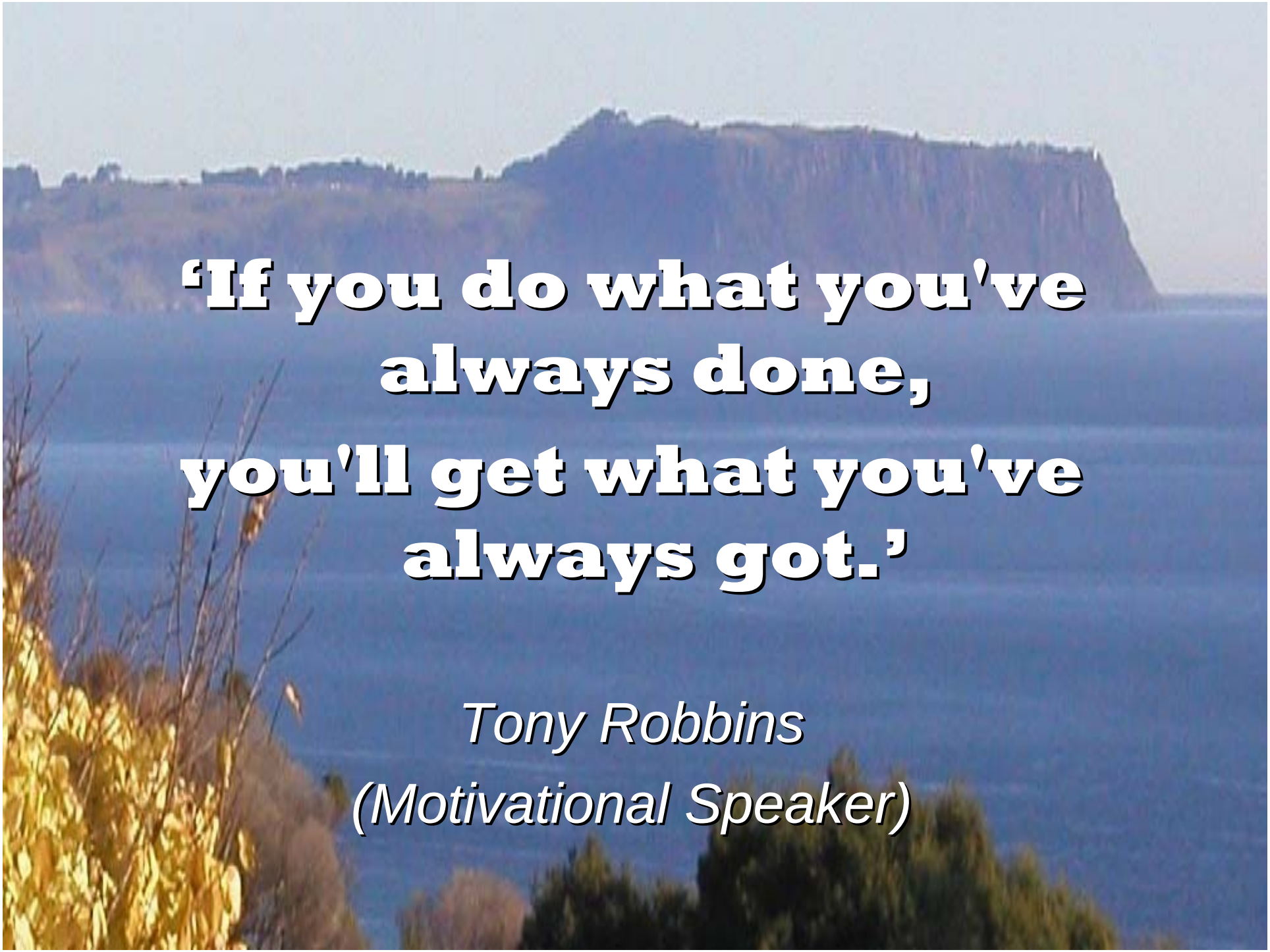
Recommendations from 6 month evaluation:

Multidisciplinary Project team is to be established to work collaboratively to:

- Undertake Professional Development Training Program ‘Self-Management for Wellbeing’
- Structure an innovative application of this education and training around the Principles of self-management
- Remain flexible towards the Patient’s individual needs and not become ‘system need focused’
- Utilise training tools to assist NWRH health workers to incorporate self-management into their work practices.

Conclusion

- Student evaluation process concluded that the OPIS Program is producing improved outcomes for some patients.
- Positive impact on the Acute Social Work Service delivery.
- Potential for further improvements to the service – OPIS is to continue


‘If you do what you've always done,
you'll get what you've always got.’
Tony Robbins
(Motivational Speaker)